

NOTE: ALL SHEETS MUST BE REVIEWED

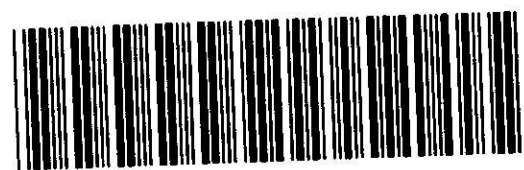
DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

Herbert S. Saffir Permitting and Inspection Center
11805 SW 26th Street (Coral Way), • Miami, Florida 33175-2474 • (786) 315-2000

PERMIT APPLICATION

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IF SUBSIDIARY PROVIDE MASTER PERMIT NUMBER HERE

LOCATION OF IMPROVEMENTS	Job Address <u>19835 NE 11 CT</u>		CONTRACTOR INFORMATION	Contractor No. <u>CCC 13 28 728</u>	
	Folio <u>30-2205-0021550</u>			Last four (4) digits of Qualifier No. <u>6384</u>	
	Lot _____ Block _____		Contractor Name <u>Victory Engineers & Architects</u>		
	Subdivision _____ PBpg _____		Qualifier Name <u>Vinayagar Palakrishnan</u>		
	Metes and bounds _____		Address <u>7500 NW 25 St Suite 204</u>		
			City <u>Miami</u> State <u>FL</u> Zip <u>33122</u>		
TYPE OF IMPROVEMENTS	<input type="checkbox"/> New Construction on Vacant Land		Current use of property _____		
	<input type="checkbox"/> Alteration Interior		Description of Work <u>Re-Roof</u>		
	<input type="checkbox"/> Alteration Exterior		Sq. Ft. <u>1800</u> Units _____ Floors _____		
	<input type="checkbox"/> Relocation of Structure		Value of Work <u>\$6,000.00</u>		
	<input type="checkbox"/> Short Term Event				
	<input checked="" type="checkbox"/> New Roof				
	<input type="checkbox"/> Recovery (Roof)				
	<input type="checkbox"/> Permit by Affidavit				
PERMIT TYPE	<input checked="" type="checkbox"/> Building* Category <u>95</u>		OWNER'S NAME	Owner <u>Max Polychief</u>	
	<input type="checkbox"/> Electrical			Address <u>7500 NW 25 St</u>	
	<input type="checkbox"/> Mechanical		City <u>Miami</u> State <u>FL</u> Zip <u>33122</u>		
	<input type="checkbox"/> Plumbing		Phone <u>786 328 9812</u>		
	<input type="checkbox"/> LPGX		Last four (4) digits of Owner's Social Security No. _____		
	CHANGE TO AN EXISTING PERMIT				
PERSON TO PICK UP PLANS	Name <u>Jimmy</u>		ARCHITECT ENGINEER	Name _____	
	Address <u>4567 N Pine Island Rd</u>			Address _____	
	City <u>Suwanee</u> State <u>FL</u> Zip <u>33351</u>		City _____ State _____ Zip _____		
	Phone <u>(561) 756 6730</u>		Phone _____		
BONDING	Name _____				
	Address _____				
	City _____ State _____ Zip _____		0000791469		
	Phone _____				

*See reverse side for Building Category
Application is hereby made to obtain a permit to do work and installation as indicated. I certify that a
tion in this jurisdiction. I understand that separate permits are required for **ELECTRICAL, PLUMBING,**
WORK and there may be additional permits required for other governmental entities.

OWNER'S/PERMIT APPLICANT AFFIDAVIT: I certify that all of the foregoing information is accurate and that I have no unpaid civil penalties, administrative hearing cost inves-
tigative, enforcement, testing or monitoring costs or unpaid liens which are owed to Miami-Dade County.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.
IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

"The issuance of the permit does not relieve the property owner from obtaining homeowner's association approval (if required) prior to beginning any work and in no way
authorizes work that is in violation of any association rule or regulation."

Signature of Owner or Owner's Agent [Signature]
PRINT NAME Max Polychief

STATE OF FLORIDA COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this 26

day of January, 20 15

Signature of Notary Public [Signature]
Print Name ORLANDO LEON MEJIA
(SEAL) Commission # EE 176035
My Commission Expires March 30, 2016

Personally known _____
or Produced Identification _____

Signature of Qualifier [Signature]
PRINT NAME Vinayagar Palakrishnan

STATE OF FLORIDA COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this 26

day of January, 20 15

Signature of Notary Public [Signature]
Print Name ORLANDO LEON MEJIA
(SEAL) Commission # EE 176035
My Commission Expires March 30, 2016

Personally known _____
or Produced Identification _____